# DIRECT DEPOSIT REQUEST FORM

NAME (PRINT): _____ DEPT: _____

EMPLOYEE NUMBER: _____

(1) BANK NAME: _____

    CHECKING ACCT. # _____ AMT: $ _____ OR % _____

    SAVINGS ACCT. # _____ AMT: $ _____ OR % _____

(2) BANK NAME: _____

    CHECKING ACCT. # _____ AMT: $ _____ OR % _____

    SAVINGS ACCT. # _____ AMT: $ _____ OR % _____

(3) BANK NAME: _____

    CHECKING ACCT. # _____ AMT: $ _____ OR % _____

    SAVINGS ACCT. # _____ AMT: $ _____ OR % _____

(4) BANK NAME: _____

    CHECKING ACCT. # _____ AMT: $ _____ OR % _____

    SAVINGS ACCT. # _____ AMT: $ _____ OR % _____

(5) BANK NAME: _____

    CHECKING ACCT. # _____ AMT: $ _____ OR % _____

    SAVINGS ACCT. # _____ AMT: $ _____ OR % _____

## CANCELLATION REQUEST:

1) BANK NAME _____ (2) BANK NAME _____

   ACCOUNT# _____    ACCOUNT# _____

- THE CITY OF GREENBELT WILL PROCESS DIRECT DEPOSITS FOR ANYEMPLOYEE UPON REQUEST.
- AN EMPLOYEE MAY HAVE UP TO FIVE DIRECT DEPOSITS.
- PLEASE FILL OUT AND RETURN THIS FORM TO THE FINANCE DEPT.
- **A COPY OF A VOIDED CHECK OR SAVINGS ACCOUNT CARD MUST BE ATTACHED IN ORDER FOR THE REQUEST TO BE PROCESSED.**
- IT WILL TAKE TWO PAYROLL PERIODS TO BEGIN DIRECT DEPOSIT.

DATE: _____ SIGNATURE: _____

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FOR PAYROLL DEPT. ONLY

BANK CODE: _____     BANK TRANSACTION CODE: _____

DATE INPUT INTO PAYROLL: _____     ENTERED BY: _____